

## Research Article

## The Hike in BPJS Kesehatan's Premiums based on The principle of Justice in Service Regulation of Healthcare Insurance

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### ABSTRACT

There have been a lot of complaints regarding the service received by the members of Healthcare and Social Security Administrative Body, or so called BPJS Kesehatan. This situation has been worsened with the hike in premiums of BPJS Kesehatan's independent members stipulated in Presidential Regulations Number 75 / 2019 and The Amendment of Presidential regulation Number 82/2018 on Health insurance. After announcing the hike of BPJS Kesehatan premiums, the government must also improve the healthcare service to all the independent participants of BPJS Kesehatan. This study aimed to examine juridical review on the hike in BPJS's Premiums based on the principle of justice on the policies of healthcare and social security. This study was conducted by applying normative juridical research method using statue approach and secondary data. According to the result of the research, Regulation Number 40 Year 2004 concerning National Social Insurance and Regulation Number 24 Year 2011 on the implementing agency of social insurance have applied the principle of justice in their policies. However, Presidential Regulation Number 75 Year 2019 "Presidential Regulation Number 82 Year 2018 on Health Insurance" has not implemented or reflected the principle of justice in its policies. In addition, the government reason to increase the payment of BPJS Kesehatan is that BPJS has been in financial deficit. In order to solve this problem, one of the solutions that the government can offer is to seek for other financial sources instead of putting the burden on the members of the social health insurance program.

Keywords: Policy; BPJS; Justice.

#### A. INTRODUCTION

As stated in the Preamble of The 1945 Constitution of The Republic of Indonesia, government policies is the realization of the State role in giving the mandate to the government for the sake of the people, particularly in terms of the accomplishment of Indonesia's National Goal "to improve public welfare and to advance the intellectual life of the people based on the principle of social justice for all the people of Indonesia" which is stipulated in The 1945 Constitution of The Republic of Indonesia.

One indication that the government takes serious steps to improve public welfare is shown in its concern on its people's health. As for example, the government of Indonesia has established a system of national social security. The Law of National Social Security System requires the establishment of administrator agency to manage health insurance called Askes Indonesia Ltd. (Indonesia Health Insurance Ltd.). Askes Indonesia Ltd. is the administrator of health insurance for civil servants and implements Jamkesmas (health insurance funds for the poor) Plan. This is stipulated in the provision

of Article 5 section (1) juncto Article 52 Act No, 40 year 2004 on National Social Security System (Putri, 2012).

PT Askes (Health Insurance Ltd) Indonesia has transformed into Health Care and Social Security Administrative Body (BPJS). With the establishment of BPJS Kesehatan, all programs run by PT. Askes (Health Insurance) are taken over by BPJS Kesehatan as the administrative body of Healthcare and social security and Jamkesmas plan. This is stipulated in Article 5 Act No. 24 Year 2011 on Social Security Administrative Body (BPJS Kesehatan, 2020).

Since BPJS took into effect in 2014, there have been some obstacles and problems in its implementation. One of the problems lies in the service given to the participants of The National Health Insurance by all medical institutions. The number of medical workers, hospital providers, and private clinics is limited. In addition, often time patients have to pay for their medical treatment by themselves because the insurance does not have enough funds to cover for the hospital cost of the patients. Recently, there have been a lot of complaints from the people regarding this issue. People think that the government does not manage the program professionally enough.

According to the result of the opinion, there is 73% negative opinion, 18% positive opinion, and 9% neutral opinion. This should be a warning call for the government to take into account the people's responses to every single policy they made. By doing this, every single policy made by the government can be evaluated more properly (Permana et.al., 2021).

In time of covid-19 pandemic, people's income reduction has become the main reason why they fail to keep up with the insurance payment (Riza et. al., 2020).

Participation rate of national health insurance in South Korea reaches 74.8%, and NHI is the sole insurance company which pays insurance premium for its participants (Seong et.al., 2016). In USA, national health insurance participants receive less optimum prevention treatment. People in USA have high risk prevalence of health behavior. One of the aims of Affordable Care Act (ACA) is to improve preventive treatment and fix health behavior by making access to health insurance more available (Simon, Soni, Cawley, 2017). However, currently, in USA, health insurance is mandatory for all its citizens. If they do not have the insurance or are not registered in health insurance protection, they must pay penalty when they file their federal taxes. This was done in order to reduce the number of death (Goldin, Lurie, & McCubbin, 2021). Each and every country has its own policy regarding healthcare insurance. In Taiwan, many insurance companies there commit corporate fraud. The main cause of the fraud is lack of economy morality and poor social relationship (Jou, 2007).

Justice means everything is right where it belongs. The word "justice" is derived from an Arabic word meaning fairness. The word "justice" means mediator, fairness, and "we want to give everyone what they deserve" attitude. Justice means to be just, not to marginalize. Justice can also be interpreted as a condition in that every individual, either in the

society or in the Nation, has his own rights in order to be able to fulfill his obligation (Nasution, 2014).

Justice, according to Aristoteles, consists of two types, distributive justice and cumulative justice. The theory of distributive justice is then use as a tool to analyze this study. Distributive justice is a justice which gives rights to every individual. The subject of right is an individual, and the subject of obligation is community. The emphasis here is not on the principle of equality (achievement is the same as anti-accomplishment). Justice is based on the principle of proportionality which is based on skill, service, and need. This justice deals with social object such as, property, respect, freedom, and right (Maryam, 2016).

The existing complaints are worsened by the hike of premium for the independent participants of BPJS Kesehatan as stipulated in Presidential Regulation Number 75 Year 2019 on The Amendment of Presidential Regulation Number 82 Year 2018 on Healthcare Insurance. After the hike of BPJS Kesehatan Premium, the service given by BPJS Kesehatan to its members must also be improved. Based on the aforementioned explanation, the formulation of the problem that will be discussed in this paper is what the juridical review of the hike of BPJS Kesehatan Premium is, based on the principle of justice in the regulation of health and social security service. This study aims to examine juridical review on the hike of BPJS Premium or contribution based on the principle of justice in the regulation on healthcare and social security service.

This study is different from previous related studies. The novelty of this study lies in the review of

rules of laws concerning the service of healthcare and social security on the increase of BPJS premium or contribution based on the principle of justice. Based on the review of various sources on the same matter as this study, there are some researches that can be compared to this study. The result of research by Saharuddin Daming is that the regulation system and the service of BPJS Kesehatan violated the principle of prudence, suitability to legal regulation, and it was considered maladministrative action and is regarded as deviant for it was against the law and morality (Daming, 2020). The result of a research by Deysi Liem Fat Salim, Nontje Rimbing and Theodorus H.W. Lumunon is that Article 28H and Article 34 The 1945 Constitution of The Republic of Indonesia has explicitly regulated that the right to health is the principal right for every individual, and the funding for health is from the government source fund as regulated in Article 171 Law Number 36/2009 stipulating that the government allocates 5% of the State Budget (salary not included) and 10% of the regional budget (salary not included) for health (Salim, Rimbin, & Lumunon, 2020).

The result of a research by Dani Habibi highlights the importance of Legal System Construction for Health in Indonesia starting from the institution which is BPJS Kesehatan to responsible to the Ministry of Health in order to maintain synchronization and coordination during the implementation of policies in health field, as well as to manage the payment system and healthcare service by applying one roof services for various taxes, including premiums (Habibi, 2020). A research by Anna Azier reported that out of ten million children

who did not get insurance in 1996, almost half of them were required to be registered in public healthcare (Medicaid), but they did not. As a response to this issue, US government shifted its policy to reduce the number of people who are not registered from extending the eligibility of Medicaid registration to increasing the number of recruitment for those of them who are eligible. However, little is known about why poor family fails to register or what the consequences are, and about the fact that lack of access to information and administrative fee are main obstacles in registration, particularly for Hispanic and Asia people (Azier, 2007). Another study reported the impact of New Cooperative Medical Scheme (NCMS) on the decision to buy private health insurance in China rural areas, using longitudinal data and data from China health and Nutrition Survey (CHNS, 2000-2006). NCMS has a bigger positive impact on personal insured adults in the group of adults with higher salary and in the community having had healthcare funding system, known as Cooperative Medical Scheme (CMS), and also there is no evidence found concerning the selection which brings any loss among the request of private healthcare insurance (Liu, Gao, & Rizzo, 2011).

The novelty in this study compared to the previous study is that this study analyzes positive laws or regulation concerning the service of healthcare and social security on the increase of BPJS Kesehatan premium based on the principle of justice. Meanwhile, previous studies only examined the reason of the hike of BPJS Kesehatan premium and its effect to the service.

## B. RESEARCH METHOD

This research is a normative juridical using secondary data and statute approach. Primary legal sources of this research are: Law Number 40 Year 2004 on National Social Security System, Law Number 24 Year 2011 on The Implementation of Social Security, and The Amendment of Presidential Regulation Number 82 on Healthcare Security Year 2018 Presidential Regulation Number 75 Year 2019.. Secondary legal sources used in this study were obtained from a library in the forms of books or related legal documents concerning BPJS, legal journals, print media, and electronic media (internet sites). This study is a descriptive analysis study. The data in this study are collected through literature study.

## C. RESULT AND DISCUSSION

The Healthcare and Social Security Agency (BPJS) is an institution which provides services to Indonesia healthcare system with various payment schemes as what Indonesian people are desired. From the first class group to the third class group, all are required to pay insurance premium monthly through a payment system which is based on the principle of mutual assistance. This means that even if the participant is not sick, he or she is still required to pay the monthly contribution or premium. This purpose of doing this is to share the burdens and mutually work together among the participants in paying BPJS Kesehatan premium. (Sugyati, 2018).

Based on the principle of mutual assistance, it is necessary to build a strong foundation, which is in this case is The 1945 Constitution of The Republic of

Indonesia conveying the state obligation to provide healthcare services for its citizens. It means that there is no difference in the provision of healthcare services, and there are differences in the three types, first class to third class, of healthcare services. However, this is based more on the principle of justice particularly in providing healthcare services to wealthy people, middle class people, and even low class people (Widodo, 2014). Active regulations or Laws concerning social health security in Indonesia are as follows:

#### 1. Laws No. 40 Year 2004 on National Social Security System

Article 1 number 2 Law No. 40 on social security system has stipulated management procedures of several agencies providing social security. Therefore, to run social security system, an administrative body or agency is necessary in order to manage the system.

In its implementation, social security system is run according to the following basic principles; a. the principle of mutual assistance among its participants in order to share the burden of social security cost by fulfilling each participant's obligation to pay the premium or contribution monthly according to their financial ability; b. Nonprofit is the principle of managing an organization by focusing on the using of money earned to provide as much as benefit for all of the members. ; c. Openness is the principle of encouraging each member or participant to acquire thorough, correct, and clear information; d. Prudence is the principle which provides a careful, safe, and systematical fund management ; e. Accountability is the principle of program execution and financial

management which is accurate and accountable; f. Portability is the principle which provides sustainable security although the participant changes their work or address or move to another city or live in Indonesia; g. Participation is mandatory, this principle means that all citizens are required to be the member of social security, and this principle is practiced in multilevel; H. Trust fund is fund that is paid by the participants in the form of monthly premium and its developing income. This fund is be used for the sake of social security participant ; The income from social security fund management are all used to formulate plans and used for the best interest of the people (Fikri, 2015).

Law Number 40 Year 2004 on National Social Security practices the principle of justice in its articles. This can be seen in Article 19 section (1) and (2) stipulating that section (1) "Healthcare insurance is held nationally based on the principle of social insurance and the principle of equity", and section (2) "Healthcare security is held in order to guarantee that all the participants receive healthcare benefits and protection in order to fulfill the basic need of health."

The elucidation of Article 19 section (1) on the principles of social security referring to mutual assistance between the underprivileged group of and society and the wealthy one, the sick and the healthy, elder and youth, high risk and low risk. The membership of the social security program is mandatory instead of selective, based on the percentage of salary or certain income, and is nonprofit. The principle of justice is to provide the same access to healthcare service based on medical

need. The medical need does not determine the amount of contribution that must be paid. This is in accordance with the principle of justice, the same treatment for the same situation.

Laws of National Social Security System states that each individual has a right to receive social security in order to be able to fulfill basic needs of life properly, to realize a society which is just and prosperous, as well as to improve dignity of social security (Mailinda, 2013). Indonesia social health insurance is based on Law Number 40 Year 2004 on National Social Insurance System which is based on mandatory social insurance for all citizens, and the right received is based on the amount of contribution paid. This contribution or premium is paid determined by people's financial ability. Social insurance mechanism is funded from contribution or premium, and each and every citizen shares the burden of medical cost which is bestowed to Social Insurance Bureau (Astuti, 2018).

According to the interpretation of the previous clauses, it is indicated that Law Number 40 Year 2004 on National Social Insurance System conveys and applies the principle of justice in its norms.

## 2. Law Number 24 Year 2011 on Social Insurance Administrative Agency

Before the enactment of Law Number 24 year 2011 on Social Insurance Agency by referring to Law Number 40 Year 2004 on National Insurance Social System, the system was initiated with participation and contribution. Participation is mandatory for all citizens despite the fact that the program was still partial, overlapped, and did not cover all citizens of Indonesia (Putra et.al., 2020).

National Social Insurance System is a national plan designed to provide social protection and welfare security for the people. In order to realize national social insurance system, it is necessary to practice mutual assistance, openness, accountability, portability, mandatory participation, trusted fund and management of social insurance fund so that it can be used thoroughly for future planning. This system must also be nonprofit and must be able to gain much interest from the participants.

In terms of content, BPJS Laws are mainly made to realize the implementation of security providing and proper life basic needs fulfilling for every single participant and/or his or her family members.

Health and Social Insurance Administrative Agency is a legal body which is established based on laws to implement health insurance program. BPJS Kesehatan is a legal body which is specially established to conduct health insurance program for all people of Indonesia. BPJS Kesehatan is divided into two (2) groups: Health Insurance payment subsidy recipients and non-Health Insurance payment subsidy recipients, who can show health insurance premium for poor or underprivileged people and underprivileged people whose premium is paid by the government. Apart from poverty, those of them who have permanent total disability still belong to this category. In addition, the category of beneficiaries of Health Insurance Contribution Assistance of BPJS Kesehatan (PBI) does not apply for workers who are wage earners and their family members, and workers who do not receive wage, and the members of BPJS Kesehatan (Sembiring, 2016).

The administrative agency of social security has principles stated in Article 2 on the administration of social security system. Those principles are (Wijaya, 2017): 1) The principle of humanity. This is a principle which deals with respect to human being dignity; 2) The Principle of Interest. This is a principle that defines an efficient management; 3) The Principle of Social Justice for all citizen of the Republic of Indonesia is the principle of idealism.

“BPJS Law” conveys the principle of justice for all its participants in all of its chapters. This can be seen in Article 19 BPJS Law: 1) Business entities are mandatory to collect contribution from participants and submit the fund to BPJS; 2) Business entities are mandatory to pay the premium or contribution to BPJS. 3) Non-employee participants and nonpayment-aid recipients are mandatory to pay premium to BPJS. 4) The government pays and distributes the contribution to the recipients of BPJS fund aid. Here are further regulations concerning BPJS program: the amount of contribution and payment procedure of health insurance is regulated in Presidential Regulation, the amount of contribution and the procedure of contribution payment for other health insurance programs are regulated in Government Regulations.

Article 19 section (1), (2), (3), (4) and (5) regulates the obligation of businessmen, non-employees, recipients of non-membership aid to pay BPJS premium. This proves that every participant has the same standing with the obligation to pay the premium according to the type of benefit they receive. The application of obligation to pay premium also shows that although the amount of the premium

is different, every participant has the same obligation. This is in line with the principle of justice which avoids discriminative treatment, and practices the principle of justice, the principle of assessing a thing according to its part and standing or position.

There is no age limit for the participation of BPJS. Also, it is not exclusive to certain groups of people. All citizens can be the member or participant of BPJS. It is even mandatory for some groups of people, meeting certain criteria, to be the member of BPJS (Sipahutar, 2020). The most important part of healthcare service is providing and meeting the standard because high quality healthcare service requires meeting the standards. Therefore, the role of healthcare service quality standard is crucial in order to achieve quality insurance. BPJS is required to provide healthcare service for the people (Sugyati, 2018). Some of BPJS participants stated that there was no separation between patients who are BPJS participants and general patients. Some participants were quite satisfied with health workers responses to patients' complaint.

Based on the interpretation of the previous clauses, it is indicated that the formulation of Law Number 24 Year 2011 on The Administration of Social Security conveys the principle of justice.

3. Presidential Regulation Number 75 Year 2019 on The Amendment of Presidential Regulation Number 82 Year 2018 on Health Insurance.

The rate of BPJS Kesehatan Premium has increased by 100% compared to its rate in 2019. This increase has caused objections because it is considered adding burden for the people because the participants have to pay more. The provision of PBJJS

premium is regulated in Presidential Regulation Number 75 Year 2019 concerning the amendment of health insurance in Presidential Regulation Number 82 Year 2018.

It is important to note that participants of BPJS Kesehatan are categorized into several categories, namely Beneficiaries of Health Insurance Contribution Assistance (PBI) whose contribution are fully paid by the government, State Administrator Workers with Salary (PPU-P) consisting of civil servants (ASN) / TNI / Indonesian National Police (Polri), Business Entity Workers with Salary (PPU-BU) usually consisting of employees in private companies, Non- Receiving Wage Workers (PBPU) whose premium is paid independently. The following is the rate increase agreed by the government:

#### Article 32

- (1) Maximum limit of salary or wage per month used as the base calculation for how much premium is paid for the PPU participants as mentioned in Article 4 section (21) which is Rp. 12,000,000,- (twelve million rupiahs).
- (2) Minimum limit of salary or wage per month used as the base calculation how much premium is paid for PPU participants for private companies employees as mentioned in Article 4 section (2) letter g which is as much as minimum wage of district/city.
- (3) In the case where Local Government do not determine district/city minimum wage, The base of calculation of BPJS premium is as mentioned in section (2) which is as much as province minimum wage.

- (4) The provision of minimum limit as mentioned in section (2) does not apply for the employers who receive postponement from the obligation to pay provincial/district/city minimum salary or wage which is determined by Local Government.

#### Article 34

- (1) The nominal contribution or premium for Non- Receiving Wage workers (PBPU) and BP or Non Workers participants :
  - a. Rp. 42,000.00 (forty two thousand rupiah) per person per month with benefit of care room class III.
  - b. Rp. 110,000.00 (one hundred ten thousand Rupiahs) per person per month with benefit of care room class II;
  - c. Rp. 160,000.00 (one hundred sixty thousand Rupiahs) per person per month with the benefit of care room class I.

The objection to the hike of BPJS premium rate in Article 34 has made BPJS participants overwhelmed. Furthermore, it is a crucial matter for those of participants who pay the premium independently. The significant hike of BPJS Kesehatan premium occurs because the government is planning to cover BPJS Kesehatan premium for the disable participants. The problem is the fact that the participants tend to only pay the monthly premium when they need medical treatment, and whenever they are cured, they no longer have the intention to continue paying the premium regularly every month. This is the main cause for the deficit suffered by BPJS Kesehatan.



Bureaucracy problem and the service model of BPJS Kesehatan are considered complicating for the participants. Therefore, people must repeatedly visit health services providers such as clinics or hospitals in order to acquire such treatment. Inspector said that this has become one of the causes of premium increase of BPJS Kesehatan.

Ombudsman has also found fraud in BPJS Kesehatan which worsens the deficit suffered by this agency. Moreover, BPJS Kesehatan itself will charge the bill to the people. This is considered unethical action (Ombudsman RI, 2019).

According to a source named Dandan, "Something is forgotten particularly regarding citizens' affordability. It is reported in Deborah that BPJS Kesehatan has exploited RT RW to collect BPJS premium door to door. Also in Tasikmalaya, a widow is forced to bring her child along to a Cooperative to borrow some money in order to pay BPJS Kesehatan premium. In the end, this woman had to pay both to the Cooperative and to BPJS Kesehatan," (Zubaedah, Nurlailasari, & Apriningrum, 2019).

Thursday, the 27<sup>th</sup> of February 2020, The Supreme Court (MA) has made a decision on the power of judgment 7P/HUM/2020. The Supreme Court approved the juridical review of Presidential Regulation Number 75 Year 2019 on Health Insurance and annulled the increase of BPJS premium per 1<sup>st</sup> January 2020. Juridical review is different from common civil litigation because it is final and binding.

This decision received support from some of participants who are part of Indonesia Dialysis

patients; the amendment of Presidential Regulation Number 75 year 2019 on "Presidential Regulation Number 82 on Health Insurance Year 2019" Article 34 section (1) and (2) is against higher legal laws. This amendment has violated Article 23 A and Article 28 H Jo, The 1945 Constitution of The Republic of Indonesia Article 34, Article 2 Law No.1, Article 4, Article 24 and Article 4 BPJS Year 2011, Article 5 (2) Jo., Article 171 Law No. 36 Year 2009 on Health..

Article 34 section (1) Presidential Regulation Number 75 Year 2019 concerning the amendment of Presidential Regulation Number 82 Year 2018 on Health Insurance which is not permanently binding states that the rest of the petitioner has been rejected. ; Instruction of Clerk of the Supreme Court, the Resume of this decision is sent to national printing press to be inserted in national news, while the defendant is required by the Court to pay Rp. 1,000,000,- (one million Rupiah) for the cost of the case. .

Contrary to Article 2 Law Number 24 Year 2011 on The Implementation of Social Security:

"BPJS runs the system of national social security based on the principles of: Humanity, Benefit, and Social Justice for all the people of Indonesia."

According to the aforementioned elaboration, it is indicated that Presidential Regulation Number 75 Year 2019 on The Amendment of Presidential Regulation Number 82 Year 2018 on Health insurance does not practice or reflects the principle of justice in its regulation and rules.

## D. CONCLUSION

Based On the aforementioned analysis, it can be concluded that Law No. 40 Year 2004 on National Social Security and Law No. 24 year 2011 on Social Security Administrative Body or Agency practices the principle of justice in its regulations and rules. . However, Presidential Regulation Number 75 Year 2019 "Presidential Regulation Number 82 Year 2018 on Health Insurance" has not practiced or reflected the principle of justice in its regulations and rules. In addition, the government reason to raise BPJS premium is because BPJS suffers financial deficit, and the solution to this problem is to seek for other state sources of fund instead of giving the burden to the participants of social health insurance.

## REFERENCES

## JOURNALS

- Azier, A. (2007). Public Health Insurance Program Take Up, and Child Health. *The Review of Economics and Statistics*, Vol.89, (No.3), pp. 400-415.
- Daming, S. (2020). Deviasi Hukum dan Moral dalam Siste Regulasi dan Pelayanan Badan Pelaksana Jaminan Sosial. *Pendecta*, Vol.15, (No.2, Desember), pp. 311-341.
- Permana, FC., Wicaksono, ZM., Kurniawan, C., Abdullah, AS., & Ruchjana, BN. (2020). Perception analysis of the Indonesian society on twitter social media on the increase in BPJS kesehatan contribution in the Covid 19 pandemic era. *Journal of Physics: Conference Series*, Vol. 1722, (No.1), pp. 1-12.
- Fikri. (2015). Integrasi Sistem Jaminan Kesehatan Nasional. *Jurnal Dinamika Hukum*, Vol.13, (No.2, Mei), pp.230-244.
- Goldin, Jacob., Lurie, Ithai Z., McCubbin, Janet. (2021). Health Insurance and Mortality: Experimental Evidence from Taxpayer Outreach. *The Quarterly Journal of Economics*, Vol.136, (Issue 1, February), pp.1-49.
- Habibi, D. (2020). Rekonstruksi Sistem Hukum Kesehatan Di Indonesia Dengan Pendekatan Perbandingan Sistem Kesehatan Di Negara Maju. *Jurnal Medika Hutama*, Vol.01, (No.03, April), pp.156-162.
- Jou, S. (2007). Insurance fraud in Taiwan: Reflections on regulatory effort and criminological complexity. *International Journal of the Sociology of Law*, Vol. 35, (Issue 3), pp. 127-142.
- Liu, Hong., Gao, Song., & Rizzo, John A. (2011). The Expansion Of Public Health Insurance And The Demand For Private Health Insurance In Rural China. *China Economic Review*, Vol.22, (No.1, March), pp.28-41.
- Mailinda, Y. (2013). Pengaturan Pelayanan Kesehatan Di Kota Yogyakarta Setelah Penerapan Otonomi Luas. *Mimbar Hukum*, Vol.23, (No.3), pp.64-84.
- Maryam, N. (2016). Mewujudkan Good Government Melalui Pelayanan Publik. *Jurnal Ilmu Politik dan Komunikasi*, Vol.VI, (No.1), pp.30-42.
- Nasution, B. (2014). Kajian Filosofis Tentang Konsep Keadilan Dari Pemikiran Klasik Sampai Pemikiran Modern. *Yustisia*, Vol.3, (No.2), pp. 118-130.

- Putra, Wahyudi., Suhaidi., Leviza, Jelly., & Marsella. (2020). Analisis Yuridis Atas Penggabungan PT Taspen (Persero) dan PT Asabri (Persero) Pada Badan Penyelenggara Jaminan Sosial. *Arbiter: Jurnal Ilmiah Magister Hukum*, Vol.2, (No.1), pp. 1-12.
- Putri, A. (2012). Penyelenggaraan Jaminan Sosial di Indonesia. *Jurnal Legalasi Indonesia*, Vol.9 (No.2), pp. 235-245.
- Salim, Desyi Liem Fat., Rimbin, Nontje., & Lumunon, Theodorus H.W. (2020). Akseibilitas Pembiayaan Kesehatan Dalam Program Jaminan Kesehatan Nasional. *Lex Et Societatis*, Vol. VIII, (No. 4, Okt-Des), pp. 104-114.
- Seong, Sang Cheol., Kim, Yeon Yong., Khang, Young Ho., Park, Jong Heon., Kang, Hee Jin., Lee, Heeyoung., Do, Cheol Ho., Song, Jong Sun., Bang, Ji Hyon., Ha, Seongjun., Lee, Eun Joo., & Shin, Soon Ae. (2016). Data Resource Profile: The National Health Information Database of the National Health Insurance Service in South Korea. *International Journal Of Epidemiology*, Vol.46, (Issue 3), pp. 799-800.
- Simon, Kosali., Soni, Aparna., Cawley, John. (2017). The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the First Two Years of the ACA Medicaid Expansions. *Journal of Policy Analysis and Management*, Vol.36, (Issue 2), pp. 390-417.
- Sipahutar, E. (2020). Analisis Hukum Pelaksanaan dan Pelayanan Bagi Pengguna Jaminan Kesehatan Menurut UU No. 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial. *Doktrinal: Journal of Law*, Vol.3, (No.1 April), pp.87-97.
- Sugyati, C. (2018). Analisis Atas Kebijakan Pemerintah Tentang BPJS Dan JKN Melalui UU No. 36 Tahun 2009 Tentang Kesehatan. *Temali: Jurnal Pembangunan Sosial*, Vol.1, (No.1), pp.73-85
- Wijaya, M. (2017). Tinjauan Yuridis Terhadap Pelaksanaan Jaminan Kecelakaan Kerja Dan Pemeliharaan Kesehatan Pekerja Pada PT.Telkom Di Kota Makassar. *Law Reform*, Vol.3, (No.2), pp.43-52.
- Riza, Yeni., Budiarto, Wasis., Anam, Khairul., Qoriati, Nurul Indah., Hayati, Ridha., Irianty, Hilda., Asrinawati., & Yani, Ahmad. (2020). Contribution Deposit Compliance: Income and Knowledge of BPJS Health Mandiri Participants. *Systematic Reviews in Pharmacy*, Vol.11, (Issue 10, Oct-Nov), pp. 854-858.
- Zubaedah, Rahmi., Nurlailasari, Ella., & Apriningrum, Nelly. (2019). Perjanjian Kerjasama Pelayanan Jaminan Kesehatan Nasional Di Kabupaten Karawang. *De'Jure; Jurnal Ilmiah Hukum*, Vol.4, (No.1, Mei), pp.136-149.

#### THESIS

- Astuti, P. (2018). Analisis Undang-Undang No. 40 Tahun 2004 Tentang Sistem Jaminan Sosial Nasional Ditinjau Dari Konsep Jaminan Sosial Kesehatan Rakyat Dalam Hukum Islam. IAIN Purwokerto.

Widodo, T. (2014). Penerapan Sistem Asuransi Kesehatan Nasional pada Seluruh Penduduk Jepang. Universitas Indonesia.

#### BOOKS

Sembiring, J. (2016). Hak dan Kewajiban Pekerja. Jakarta: Trans Media Pustaka.

#### ONLINE SOURCES

Ombudsman RI. (2019), Iuran BPJS Kesehatan Tidak Pantas Naik ? Masyarakat Menjadi Pihak Yang Harus Menanggung Kenaikan Iuran BPJS Kesehatan ini, Klipng Berita. Retrieved from <https://ombudsman.go.id/news/r/iuran-bpjs-kesehatan-tidak-pantas-naik-masyarakat-menjadi-pihak-yang-harus-menanggung-kenaikan-iuran-bpjs-kesehatan-ini>

BPJS Kesehatan. (2020). Sejarah Perjalanan Jaminan Sosial di Indonesia. Retrieved from <https://bpjs-kesehatan.go.id/bpjs/index.php/pages/detail/2013/4>